Sta	ate of Minnes	sota			District Cour		
County		Cou	Judicial District: Court File Number: Case Type:				
In F	Re the Marriage	e of:			Family		
Nan	ne of Petitioner				03.6.4		
and				Responsive Notice of Motion and Motion for Parenting Time Assistance			
Nam	ne of Responden	nt					
TO:	First		Middle	Last			
	Street Address				Apt. No.		
	City		County	State	Zip Code		
PLE	EASE TAKE NO	OTICE that on the	day o	of			
at	o'clock	M. before			, in Room		
of th	20		·	dicial Officer) ed at			
		k the Court for the fo		ж at			
		~		CHECK OFF <u>ONLY</u> FOR FROM THE			
1.	Check one of t	the boxes below:					
	schedu		- ` -	ensatory) parenting y denied (Minnesot			
		,	equest for makeur	o (compensatory) pare	enting time.		
2	Check one of t	the hoxes below:					

	a.		Appointing a visitation expeditor to help me and the other party resolve the
			parenting time problem and/or any future parenting time problems that may occur,
			and ordering the other party and I to pay for the fees and costs of the expeditor
			unless the Court determines otherwise (Minnesota Statutes section 518.1751). (The
			Court will be able to appoint a visitation expeditor only if that service is available in
			your county. If it is available, you and the other party will probably be required to
			pay for the fees and cost of the visitation expeditor.)
	b.		Denying the other party's request for a visitation expeditor.
3.	Ch	eck	one of the boxes below:
	a.		Changing the existing Visitation or Parenting Time Order to require supervised
			parenting time.
	b.		Denying the other party's request for supervised parenting time.
4. Check one of the boxe		eck	one of the boxes below:
	a.		Changing the existing Visitation or Parenting Time Order to allow unsupervised
			parenting time.
	b.		Denying the other party's request for unsupervised parenting time.
5.	Ch	eck	one of the boxes below:
	a.		Changing the existing Visitation or Parenting time Order to provide for drop-offs
			and pick-ups of the $child(ren)$ to occur at a visitation exchange center and for
			both parties to follow all rules of the visitation exchange center and to pay the fees
			and costs of this service.
	b.		Denying the other party's request that drop-offs and pick-ups of the child(ren) to
			occur at a visitation exchange center and for both parties to follow all rules of the
			visitation exchange center.
6.	Ch	eck	one of the boxes below:
	a.		Changing the existing Parenting Time Order to provide for the transportation of
			the child(ren) for parenting time to be as follows:

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b. □ Do not change the transportation in the existing order.					
Check	one of the boxes below:				
a. 🗆	Changing the existing Order for "reasonable visitation" to the following specific				
	parenting time schedule:				
	(1) Weekends:				
	(2) Week nights or after school:				
	(3) Holidays:				
	(4) Summer:				
	(5) School holidays:				
	(6) Telephone Contact:				
b. Ot	her:				
c. 🗆	Do not change the existing parenting time/visitation order.				
Check	one of the boxes below:				
a. 🗆	Changing the existing parenting time/visitation schedule to the following schedule:				
	(1) Weekends:				
	(2) Week nights or after school:				
	(3) Holidays:				

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		(4)	Summer:			
		(5)	School holidays:			
		(6)	Telephone Contact:			
		(7)	Other:			
	b.	□ Do	not change the existing parenting time/visitation order.			
9.	Ch	Check one of the boxes below:				
	a.		ecting the other party to pay me for my court fees and costs that are a result of ing to bring this motion.			
	b.		nying the other party's request for me to pay their court fees and costs.			
10.			ng the other party to pay me for my expenses that resulted from the other party's ful failure to follow the existing Court order.			
11.		Directing the other party to pay to the Court a civil penalty of up to \$500 as allowed under Minnesota Statutes section 518.175, subdivision 6(c).				
12.		Denying the other party's request that I pay to the Court to be held in an escrow account an amount of money equal to the other party's prepaid expenses for the upcoming parenting time.				
Date	ed: _					
			Signature Name:			
			Street Address:			
			City/State/Zip:			
			E-mail address:			

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